ENROLLMENT FORM

YES, I'd like to apply for the Rx Washington Card and receive discounts on my prescriptions by using the Internet or mail order.

RX WASHINGTON .GOV

1 FILL IN the enrollment form below – one per person.
ALL QUESTIONS MUST BE ANSWERED to be considered for the Rx Washington Card.
Information to be completed by patient or legal representative.

Example: | A | B | C | | 1 | 2 | 3 |

First Name M.I. Last Name

Telephone - - Date of Birth - - Male Female

Address (street number/street name/apartment number)

City State ZIP Code -

AGE

I am at at least 50 years old; **or** between the ages of 19 and 49 and eligible for benefits under Title II of the Social Security Act, federal old age, survivors, and disability insurance benefit.

Yes No

HOUSEHOLD INCOME

My family income does not exceed 300% of the federal income guidelines (FIG) as adjusted for my family's size.

Yes No

Size of Family	Monthly Amount 300% FIG	Annual Amount 300% FIG
1	$2,328	$27,930
2	$3,123	$37,470
3	$3,918	$47,010
4	$4,713	$56,550

As of 02/13/04
Source: U.S. Dept. of Health and Human Services

OTHER INSURANCE

My existing prescription drug need is not covered by any other existing prescription drug insurance benefit.

Yes No

I declare, under penalty of perjury, that the foregoing information provided by me is true and correct and that all provisions of this statement have been met. I understand that willfully making a false statement to qualify for discounts on my prescription drugs is a misdemeanor. Washington State law may require disclosure of any information you submit as a public record. The Health Care Authority's Privacy Notice is available upon request by calling 360-923-2822 or online at **www.hca.wa.gov.**

SIGNATURE OF APPLICANT OR REPRESENTITIVE

Today's Date - -

2 Make $10 check or money order payable to:
Benefit Control Methods
Do NOT send cash

3 Send the enrollment form and payment to:
Rx Washington c/o BCM
470 Forest Avenue, Suite 20A
Plymouth, MI 48170

For assistance with this form or to answer questions, please call 1-800-227-5255.